## NOTIFICATION OF DEMOLITION AND RENOVATION PAL JoB#16-9056

Operator Project # Postma		·k	Date Received			Notification #		
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled):  O-Original								
FACILITY INFORMATION ( Identify Owner, Removal Contractor and Other Operator):								
OWNER NAME: NYCMTA								
Address: 2 Broadway								
City: New York St				State: NY Zi		p: 10004		
Contact Name: Brian McLean						Telephone: 646 252-3540		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp.								
Address: 11-02 Queens Plaza South								
City: Long Island City				NY Zip: 11101			A STATE OF THE STA	
Contact Name: Devin Jones					Tele	Telephone: 718-349-0900		
OTHER CONTRACTOR:								
Address:								
City:	y:			State:		Zip:		
Contact Name:					Telephone:			
TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R								
IS ASBESTOS PRESENT? (YES NO) Yes								
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)								
Building Name: Sea Beach Line								
Address: 8 Avenue Station thru Bay Parkway Station								
City: Brooklyn			State: NY			County: Kings		
Site Location: Tracks								
Building Size:			# of Floors:		Age	Age In Years: 50 years +		
Present Use: Train Station			Prior Use:					
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material:  PLM - Polarized Light Microscopy								
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed		Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below			
		CATI		CAT II	UNIT			
Linear Feet	0 LF							
Pipes					LnFt:	X	Ln M:	
Surface Area – Square Feet	239 SF				SqFt:	X	Sq M:	
Vol. RACM off Facility Component					CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start Date: 7-30-2016			Complete Date: 7-29-2017			
Schedules Dates Demo/Renovation (mm/dd/yy	Start:			Complete:				
· November 1				Complete:				

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56, Site Specific Variance #TBD. Methods will include double bagged for disposal purposes. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control. **WASTE TRANSPORTER #1** Name: Asbestos Transportation Company, Inc. Address: 2 Moriches Middle Island Road Shirley City: State: NY Zip: 11967 Contact Name: **Kenny Smith** Telephone: 631-924-5050 WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Name: Telephone: WASTE DISPOSAL SITE (#1 or #2) Name: Minerva Enterprises, Inc. Location: 9000 Minerva Road, P.O. Box 709 City: Waynesburg State: Ohio Zip: 44688 Telephone: 330-866-3435 IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy): FOR EMERGENCY RENOVATIONS Date and Hour of Emergency(mm/dd/yy): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE WILL BE AV DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON ILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation) 7/11/2016 Signature of 🗘 vner/Operator Date I certify that the above information is correct. 7/11/2016 ner/Operator Signature of O Date